

DEPARTMENT OF HOMELAND SECURITY  
**CERTIFICATE OF ELIGIBILITY FOR NONIMMIGRANT (F-1) STUDENT  
STATUS - FOR ACADEMIC AND LANGUAGE STUDENTS**

Page 1

OMB NO. 1653-0038  
Expires 02/28/2011

Please read Instructions on Page 2

This page must be completed and signed in the United States by a designated school official.

SEVIS

<p>1. Family Name (surname): _____</p> <p>First (given) Name: _____ Middle Name: _____</p> <p>Country of birth: _____ Date of birth (mo/day/year): _____</p> <p>Country of citizenship: _____ Admission number: _____</p> <p>2. School (School district) name: _____</p> <p>School Official to be notified of student's arrival in U.S. (Name and Title): _____</p> <p>School address (include ZIP code): _____</p> <p>School code (including 3-digit suffix, if any) and approval date: _____ approved on _____</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">For DHS Official Use</td> <td rowspan="4" style="text-align: center; vertical-align: middle;">Student's Copy</td> </tr> <tr> <td style="height: 100px;"></td> <td style="height: 100px;"></td> </tr> <tr> <td style="text-align: center;">Visa issuing post</td> <td style="text-align: center;">Date visa issued</td> </tr> <tr> <td colspan="2" style="text-align: center;">Reinstated, extension granted to:</td> </tr> </table>	For DHS Official Use		Student's Copy			Visa issuing post	Date visa issued	Reinstated, extension granted to:	
For DHS Official Use		Student's Copy								
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Reinstated, extension granted to:										

3. This certificate is issued to the student named above for:

4. Level of education the student is pursuing or will pursue in the United States:

5. The student named above has been accepted for a full course of study at this school, majoring in \_\_\_\_\_  
The student is expected to report to the school no later than \_\_\_\_\_  
and complete studies not later than \_\_\_\_\_. The normal length of study is \_\_\_\_\_ months.

6. English proficiency:

7. This school estimates the student's average costs for an academic term of \_\_\_\_\_ (up to 12) months to be:

a. Tuition and fees	\$ _____
b. Living expenses	\$ _____
c. Expenses of dependents ( )	\$ _____
d. Other (specify):	\$ _____
<b>Total</b>	<b>\$ _____</b>

8. This school has information showing the following as the student's means of support, estimated for an academic term of \_\_\_\_\_ months (Use the same number of months given in item 7).

a. Student's personal funds	\$ _____
b. Funds from this school	\$ _____
Specify type: _____	
c. Funds from another source	\$ _____
Specify type: _____	
d. On-campus employment	\$ _____
<b>Total</b>	<b>\$ _____</b>

9. Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. School Certification: I certify under penalty of perjury that all information provided above in items 1 through 9 was completed before I signed this form and is true and correct; I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form; the school has determined that the above named student's qualifications meet all standards for admission to the school; the student will be required to pursue a full course of study as defined by 8 CFR 214.2(f)(6); I am a designated official of the above named school and am authorized to issue this form.

Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)
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11. Student Certification: I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay as specified on page 2. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full course of study at the school named on page 1 of this form. I also authorize the named school to release any information from my records which is needed by DHS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status.

Name of Student	Signature of Student	Date
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Name of parent or guardian If student under 18	Signature of parent or guardian	Address (city)	(State or Province) (Country)	(Date)
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